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CONFIRMATION NO. 9474

<b>SERIAL NUMBER</b> 10/693,905	<b>FILING OR 371(c) DATE</b> 10/28/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 010315-210
<b>APPLICANTS</b> Mika Lahtinen, Uppsala, SWEDEN; Mikko Laukkanen, Haapalahti, FINLAND; Seppo Yla-Herttuala, Vuorela, FINLAND; Olli-Pekka Leppanen, Uppsala, SWEDEN;				
<b>** CONTINUING DATA *****</b> NONE <i>JD</i>				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN PCT/SE02/00848 04/30/2002 <i>JD</i> 8/18/2006 FINLAND 20010898 04/30/2001				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/01/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>JD</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 80
<b>INDEPENDENT CLAIMS</b> 10				
<b>ADDRESS</b> 21839				
<b>TITLE</b> Medical device				
<b>FILING FEE RECEIVED</b> 2582	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	